

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53705
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dspsbmanfhomes@wisconsin.gov
Website: <http://dsps.wi.gov>

STATEMENT OF TRANSFER OF MANUFACTURED HOME TO A SURVIVING HEIR, SPOUSE, OR DOMESTIC PARTNER

Wis. Stat § 101.9211(4)

This statement should be used for all non-probate death transfers, where the total estate of the deceased is less than \$50,000.

Wis. Stat § 867.03

☐ **Heir or Surviving Co-Owner** **Fee: \$23.00**

If Heir is not listed as co-owner on the title, then submit **Transfer Affidavit** (Wis. Court Form PR 1831.)

If you would like to add co-owners, also submit **Form SBD-10687** and pay only one \$23.00 fee.

If there is a Secured Party on the title, you must submit a **Lien Release**.

☐ **Spouse/Domestic Partner** **Fee: \$15.50**

To add co-owners or transfer to new owners, also submit **Form SBD-10687** and pay the \$23.00 title fee only.

☐ **Priority Service Fee - Add \$15.00** – Requests immediate processing of your application.

Name of Surviving Person to Appear on Title	Relationship to Deceased (spouse, child, etc)
Street Address	City, State, Zip

About the Deceased Owner:

Name	Date of Death	Total Value of Estate
		\$

About the Manufactured Home:

Serial Number	Year	Manufacturer/Make
Width:	County Kept In	Max Value
Length:		\$

You must submit a Certified Death Certificate and Original Title.

If no title, please submit \$8.00 replacement fee in addition to applicable fees.

I certify that the information and statements on this application are true and correct. I understand that under Wis. Stat § 101.9204(2) any person who makes a false statement in an application for a certificate of title is Guilty of a Class H felony. If I have indicated above that I am a surviving spouse or domestic partner, I shall be personally liable for the deceased's debts and charges to the extent of the value of the manufactured home, pursuant to Wis. Stat. § 859.25.

Mail this form with required documents and
Check or Money order payable to
"D.S.P.S.":
DSPS-Manufactured Home Unit
PO Box 8935
Madison, WI 53708-8935

X _____
Signature of Surviving Person

If you have any questions about this form,
call (608)266-2112 (Option 3).

Personal information you provide may be used for secondary purposes. Wis. Stat. §15.04(1)(m)